

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
08-RC-284844

Date Filed
10/18/21

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

2a. Name of Employer
PCC Airfoils

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
29501 Clayton Rd.
OH Wickliffe 44092

3a. Employer Representative - Name and Title

3b. Address (If same as 2b - state same)

3c. Tel. No. **3d. Cell No.** **3e. Fax No.** **3f. E-Mail Address**

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Aerospace & Defense

4b. Principal product or service
Airfoils

5a. City and State where unit is located:
Wickliffe, OH

5b. Description of Unit Involved

Included:

Excluded:

6a. No. of Employees in Unit:
170

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One: ☒ **7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).**

☐ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).

8b. Address

8c. Tel No. **8d Cell No.** **8e. Fax No.** **8f. E-Mail Address**

8g. Affiliation, if any **8h. Date of Recognition or Certification** **8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**

9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name **10b. Address** **10c. Tel. No.** **10d. Cell No.**
10e. Fax No. **10f. E-Mail Address**

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ___ Manual ☒ Mail ___ Mixed Manual/Mail

11b. Election Date(s):
11/29/2021

11c. Election Time(s):
6AM-6PM

11d. Election Location(s):
NLRB Regional Office

12a. Full Name of Petitioner (including local name and number)
Casey Whitten-Amadon
IUE-CWA, the Industrial Division of the Communication Workers of America (CWA), AFL-CIO, CLC

12b. Address (street and number, city, state, and ZIP code)
2701 Dryden Rd.
OH Moraine 45439

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
CWA


12d. Tel No. **12e. Cell No.** **12f. Fax No.** **12g. E-Mail Address**
(513) 368-9694 cwhitten-amadon@cwa-union.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title **13b. Address (street and number, city, state, and ZIP code)**

13c. Tel No. **13d. Cell No.** **13e. Fax No.** **13f. E-Mail Address**

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) **Signature** **Title** **Date**
(513) 368-9694  Title Date
10/15/2021 04:21:36 PM

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

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Employees Included

Production and Maintenance, Hourly and Salary Non-Exempt

Employees Excluded

Supervisors, Engineers, Security, and Administrative Employees